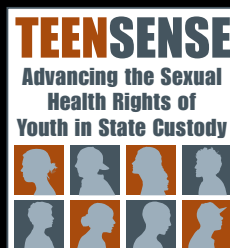




# Teen SENSE

Model Standards: Sexual Health Literacy  
for Youth in State Custody



This work is made possible by generous donations from:



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True Colors, Inc. Sexual Minority Youth Services of Connecticut

University of Medicine and Dentistry of New Jersey – Robert Johnson, MD, The Sharon  
and Joseph L. Muscarelle Endowed Dean)

University of Medicine and Dentistry of New Jersey – Paulette Stanford, MD, Division of  
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# **TEENSense**

## **MODEL STANDARDS:**

### **Sexual Health Literacy for Youth in State Custody**

## MISSION STATEMENT

The Center for HIV Law and Policy is a national legal and policy resource and strategy center for people with HIV and their advocates. We work to reduce the impact of HIV on vulnerable and marginalized communities and to secure the human rights of people affected by HIV.

We support and increase the advocacy power and HIV expertise of attorneys, community members, and service providers, and advance policy initiatives that are grounded in and uphold social justice, science, and the public health.

We do this by providing high-quality legal and policy materials through an accessible web-based resource bank; cultivating interdisciplinary support networks of experts, activists, and professionals; and coordinating a strategic leadership hub to track and advance advocacy on critical HIV legal, health, and human rights issues.

To learn more about The Center for HIV Law and Policy and our HIV Policy Resource Bank, visit our website at [www.hivlawandpolicy.org](http://www.hivlawandpolicy.org).

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### **ACKNOWLEDGEMENTS**

The Center for HIV Law and Policy thanks Kate Chaltain, Mark Guest, and Kat Dunnigan for research and drafting of an early version of this publication, and Nancy Caamaño, Elizabeth Casparian, Kaiyti Duffy, Melissa Keyes-Digioia, Robert Johnson, M.D., Jody Marksamer, Fatima Meadows, Guido Sanchez, Kimberly Page-Shafer, Stephen Pitt, Michelle Staples-Horne, Stephanie Witt, Gulielma Leonard Fager, and Gary Paul Wright for their helpful comments and collaboration. This document reflects all of their input. We would also like to thank the youth of the New Jersey Training School for Boys of Monroe Township, New Jersey, and the Female Secure Care and Intake Facility of Bordentown, New Jersey, for their honesty and insight, and the staff of the respective facilities for their hospitality.

The development and publication of these standards would not have been possible without the generous and sustained support of the MAC AIDS Fund, Broadway Cares/Equity Fights AIDS, the Arcus Foundation, and the Elton John AIDS Foundation.

## TEEN SENSE

### **A Multidisciplinary Initiative Working to Secure the Right of Youth in State Custody to Comprehensive, LGBTQ-Inclusive Sexual Health Care and Sexual Health Literacy Programs, and to Increase the Capacity of Young People to Serve as Sexual Health Advocates.**

**Teen Sexual Health and Education Now in State Environments (Teen SENSE)** is a multidisciplinary initiative that works to secure the right of youth in state custody to comprehensive, LGBTQ-inclusive sexual health care and sexual health literacy programs. This includes ensuring that staff of foster care, detention, and other government-operated and -regulated youth facilities are equipped to understand and protect all youth in their care, regardless of sexual orientation, gender identity, and gender expression. Professional standards and expert consensus indicate that the provision of these services is vital to the health, safety, and well-being of young people. This is not only a matter of good public health policy, but is required by law.

Experts in adolescent medicine, public health, sexual health education, child welfare, and juvenile justice engage with community organizers and youth advocates to develop a complete advocacy model and coordinate its implementation. The Center for HIV Law and Policy (CHLP) provides ongoing support for Teen SENSE, and coordinates activities among all partnering individuals and organizations.

Teen SENSE develops legal guides that set forth the legal and human rights foundation for the right of youth in state custody to comprehensive, LGBTQ-inclusive sexual health care and sexual health literacy programs. The Teen SENSE Model Policies and Standards outline the minimum requirements state facilities should meet in order to appropriately address the sexual health needs of youth in state custody. We advocate for the implementation of our Model Policies and Standards by NGOs and government agencies responsible for the health and safety of youth in their care.

The Youth Advocacy Corps, a related initiative of Teen SENSE, provides an opportunity for young people from across the country to develop competence and real-world experience in sexual health advocacy. Through the Youth Advocacy Corps, young people learn about issues related to sexual health and the law, and develop the skills necessary to become effective advocates through contact with policymakers at the local, state and federal level.

Teen SENSE is designed for implementation by government agencies in any jurisdiction. The Model Policies and Standards are suitable guidance for youth facilities across the United States.

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## INTRODUCTION

### *What are the Model Standards for Sexual Health Literacy?*

*Model Standards: Sexual Health Literacy for Youth in State Custody* is the product of a comprehensive review of existing materials and an effort to combine the best and most inclusive practices and policies regarding sexual health literacy programs for youth in state custody into one document. These standards are not a curriculum; rather, they describe the key concepts young people must fully understand to make well-informed decisions related to their sexual and reproductive health. The standards are intended for use by facility staff, advocates, medical professionals, and direct service providers who work with youth in state custody settings.

*Model Standards: Sexual Health Literacy for Youth in State Custody* is divided into three sections reflecting three interrelated and equally important components: (1) Content Goals; (2) Instructional Characteristics; and (3) Instructor Characteristics.

**The Content Goals** are meant to guide the selection of the curriculum's content by providing the minimum goals that a curriculum should be designed to achieve. The goals are broken down by the amount of time that a young person is in custody. This is to take into account the varying levels of education that can be provided over different courses of time. While these content goals do not create a curriculum, any curriculum used must be tailored to achieve these minimum goals.

**The Instructional Characteristics** provide minimum standards for curricula and learning environment characteristics for those facilities responsible for providing sexual health education to the young people in their care. Facilities housing youth who receive this curriculum through other means, such as the public school system, should nonetheless adhere to these standards in order to serve as a source of accurate sexual health information and resources. This section also sets forth principles and standards to which curricula and instructors must adhere. Content and practices that do not reflect the Characteristics must be modified or abandoned in favor of conforming to the standards. Staff also must ensure that their methods and attitudes reflect these standards.

**The Instructor Characteristics** set forth requirements that youth facility staff must possess to ensure young people's sexual health literacy, including knowledge of the content, attitude, and ability to implement the standards.

Teen SENSE takes a comprehensive view of sexual health care, recognizing that medical care, education, and environment are all essential components of sexual health care. *Model Standards: Sexual Health Literacy for Youth in State Custody* is one component of the Teen SENSE initiative. Teen SENSE has also published *Model Standards: Sexual Health Care for Youth in State Custody* and *Model Standards: Staff Training Focusing on the Needs of Youth in State Custody*. These three sets of standards ("the Model Standards") should be read together as interconnected and related components of providing appropriate, comprehensive sexual health care for youth in state custody.

Teen SENSE has also developed a legal guide, entitled *Juvenile Injustice: The Unfulfilled Rights of Youth in State Custody to Comprehensive Sexual Health Care*, which sets forth the affirmative legal rights of

juveniles in state custody to comprehensive sexual health care. The legal guide and the Model Standards are advocacy tools designed to be used together to bring regular, consistent, and comprehensive sexual and reproductive health care to the most at-risk, vulnerable, and underserved youth populations.

*How were the Model Standards created?*

The core of the *Model Standards: Sexual Health Literacy for Youth in State Custody* is based on materials from the Sexuality Information and Education Center for the United States (SIECUS), *Guidelines for Comprehensive Sexuality Education, K-12* (3rd Ed. 2004); Douglas Kirby, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases* (Healthy Teen Network 2007), and various materials published by Physicians for Reproductive Choice and Health, the Equity Project, EngenderHealth, the American Academy of Pediatrics, ANSWER, and Planned Parenthood's Center for Family Life and Education of Greater Northern New Jersey. We supplemented these materials with recommendations, principles, and position statements from a wide range of expert sources, including the Society for Adolescent Medicine, the American Academy of Pediatrics, Physicians for Reproductive Choice and Health, ETR Associates, Cicatelli Associates, HiTops, and Planned Parenthood's Center for Family Life and Greater Education of Northern New Jersey. *Model Standards: Sexual Health Literacy for Youth in State Custody* is intended to clearly frame the information and provide a framework for an approach, best practices and policies, and standards of care that comprise comprehensive sexual health and HIV prevention programs.

## **PART ONE: CONTENT GOALS**

Part One provides the minimum goals that the content of the curriculum should be designed to achieve. They are organized according to the maximum amount of time that a youth spends in the state's care. Part Two: Instructional Characteristics provides additional information on the curriculum elements and development and should be read in conjunction with this section. Part Three: Instructor Characteristics sets forth the minimum requirements sexual health education instructors providing instruction to youth should possess.

### **I. For Youth in Custody Up to 24 Hours**

Youth must be provided with written material that provides information regarding:

- HIV and sexually transmitted infections (“STIs”).
- How to prevent STI transmission and unwanted pregnancy through correct, consistent condom use, and use of water-based lubricants.

Youth also must be provided information cards that they can keep with them while in custody. The cards should contain community resources for STI testing and treatment, HIV testing and treatment, pregnancy testing and options counseling, sexual health care, sexual violence support services, and support for LGBTQ teens.

### **II. For Youth in Custody 2-7 Days**

Youth must be provided with all resources discussed in Section I.

Youth must be provided with preliminary one-on-one counseling onsite in addition to sexual health care services (including voluntary, written and informed consent for HIV, STI, and pregnancy testing) and referrals for continuing care and counseling. Counseling should be inclusive and should not make assumptions about youth's sexual orientation or gender identity.

Preliminary counseling should include:

- Discussion of HIV and STIs, how they are transmitted, and how transmission can be prevented with the correct and consistent use of condoms, dental dams, and other prophylactic measures.
- The importance of testing and treatment for HIV and STIs.
- Counseling on pregnancy prevention using condoms and contraception.
- Counseling on sexual assault and abuse, with referral to appropriate medical and mental health resources. Special care should be taken to counsel youth on what constitutes sexual abuse; the right to be free of sexual harassment, abuse and assault within state care; and complete information on how to report staff or foster family predation.
- Ample time for questions and answers with the youth.

### III. For Youth in Custody 8-30 Days

Youth must be provided with all resources discussed in Sections I and II.

Youth should be provided education and training sufficient to achieve proficiency in the following minimum content areas:

#### A. Sexually Transmitted Infections

- Youth should be able to identify the prevalence and cause of STIs and health problems that may be caused by untreated STIs, including infertility.<sup>1</sup>
- Youth should understand the major symptoms of STIs and that symptoms may be hidden, absent, or unnoticed.
  - Youth should understand that STIs can be transmitted even if a person does not show symptoms of having an STI.
  - Youth should know that there is no way to determine that another person does or does not have an STI other than being tested by a medical professional.
- Youth should be able to identify how STIs are transmitted in both different-sex and same-sex sexual practices and transmission through methods other than sexual contact, such as unsterilized needles and from mother-to-child during pregnancy, birth, and breastfeeding.
  - Youth should be able to identify and debunk myths about STI transmission.
  - Youth should understand the different transmission routes and risks for different STIs.
- Youth should be able to understand and explain that a person can have more than one STI at a time, can get an STI more than once, and that anyone (regardless of age or sexual orientation) can get an STI if he or she has sexual contact with an infected person.
- Youth should be able to understand and explain that STIs can increase the chance of HIV transmission.
- Youth should be able to identify how STIs can affect females and males differently.
- Youth should be able to identify methods of preventing exposure to and transmission of STIs and how different types of sexual contact pose different levels of risk.
  - Youth should have access to male and female condoms in the context of a sexual health care program that includes instruction on all types of condom use for youth of all genders/gender identity and sexual orientation, and that reinforces the benefits of condom use for all sexually-active people.
  - Youth should be able to identify methods of prevention and explain how such methods work, including avoiding sexual activity that poses a risk of disease transmission, proper use of latex condoms and lubricants, dental dams, and latex barriers. Youth should be able to identify and debunk myths about STI transmission and prevention.
- Youth should be able to understand the importance of discussing concerns about STIs with their sexual partner.
- Youth should be able to identify how they can be tested for STIs and understand state laws protecting their ability to receive confidential STI testing.
- Youth should be able to identify the steps to take if they suspect they have an STI.
  - This includes: to stop having sexual intercourse until they are tested and treated by a physician, to promptly go to a healthcare provider for testing and treatment, and to refer sexual partners to a healthcare provider as well.

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<sup>1</sup> While not all states classify HIV as an STI, HIV is grouped with STIs in this document for classification purposes.

- Instructors should emphasize that it is never too late to be tested for an STI or to take steps to treat an STI, regardless of when an STI is suspected or diagnosed,
- Youth should be able to understand the need for STI testing if they have been sexually active or sexually assaulted.
- Youth should be able to identify which STIs can be cured, how they are cured, and which STIs can be treated, and the benefits of treatment.
  - Those STIs caused by bacteria, such as gonorrhea, chlamydia, or syphilis can be cured with prescription medication. Others, such as Herpes, can be life-long health conditions.
- Youth should understand that all individuals are deserving of respect and love, and that individuals with STIs are equally able to live satisfying lives. An STI is not a sign that someone has “been bad” or is a bad person.

## **B. HIV**

- Youth should understand the nature of HIV and AIDS are and the distinction between them.
  - Youth should also know how HIV affects the body, that it currently is considered a manageable chronic disease, and that HIV can remain asymptomatic for years.
- Youth should be able to identify the bodily fluids that HIV is found in high enough concentrations to lead to possible transmission to another person (primarily blood and semen) and to distinguish these bodily fluids from those in which HIV is not found at all or not found in high enough concentrations to transmit HIV to another person (*e.g.*, saliva, urine, feces, sweat, and tears).
- Youth should be able to identify the ways that HIV is transmitted, the actual transmission risk associated with different types of sexual intimacy, and to identify and debunk myths about HIV transmission. Youth should be able to identify risk factors for HIV, specifically unprotected vaginal and anal sex.
- Youth should be able to identify HIV prevention methods for all sexual practices and to identify and debunk myths about prevention. This should include:
  - The ability to explain the proper use of condoms, lubricant, dental dams, and latex barriers during vaginal, oral, and anal sex.
  - The ability to explain how abstinence, sex with condoms, and sexual contact other than vaginal or anal sex can prevent HIV transmission.
  - The ability to understand how being on effective medical treatment greatly reduces the risk that a person with HIV will pass on the virus to another.
  - The ability to explain how the proper use of clean, sterile needles as opposed to reusing needles can prevent exposure to and transmission of HIV.
- Youth should understand the HIV testing process, state laws that protect their right to obtain a test without parental consent, state laws protecting their right to informed consent and counseling, and the ability to obtain access to treatment.
- Youth should be able to explain the concept of a “window period” following infection during which a person may still test negative though he/she may be HIV positive.
- Youth should understand the importance of testing if they have engaged in receptive anal or vaginal sexual activity, been sexually assaulted, or shared drug injection equipment.
- Youth should understand that at present there is no cure for HIV or AIDS, but recognize that treatment is available, that it can improve the health and prolong the life of people living with HIV, and reduce the risk that a person with HIV will pass the virus on to someone else.
  - Youth should understand that those undergoing treatment and who work to stay healthy can live for a very long time.

- Youth should be able to identify and discuss the harms of discrimination against people living with HIV.
- Youth should be informed of support groups for people living with HIV and their loved ones.

### **C. Pregnancy**

- Youth should be able to identify how pregnancy occurs and understand that pregnancy can happen anytime a female has unprotected vaginal intercourse with a male.
  - They should be able to identify and debunk myths about pregnancy prevention.
- Youth should understand the importance of prenatal care and should be informed of applicable state laws that may allow them to access pregnancy tests, prenatal care, and abortion services without parental consent or notification.

### **D. Prevention Skills**

- Youth should be engaged in a frank discussion of their right to bodily autonomy in all situations.
  - They should know about their legal rights to refuse or consent to medical care, and their absolute right to be free from unwanted sexual contact in relationships, including from family members, other youth, and staff at detention or foster care facilities.
- As part of this conversation, youth should discuss the right to refuse any contact, including sexual, and should discuss and explain the importance of respecting another person's refusal and having your own refusal respected.
- In terms of relationships, youth should understand the concepts of negotiation, compromise, the issues that cannot be compromised, and how this concept applies to sexual practices and limits.
  - Youth should understand the importance of effective negotiation and how power inequalities in a relationship can have a significant effect on the health and safety of the individuals in the relationship and can affect negotiating power between the parties.
  - Harm reduction in negotiating safer sex should be discussed in detail, with priority given to concrete advice on less dangerous activities and negotiating condom use.

### **E. Sexual Orientation**

- Youth should understand that:
  - Sexual orientation refers to a person's physical and/or romantic attraction to an individual of the same and/or different gender,
  - Sexual orientation falls across a spectrum, and that one's understanding and identification of his/her sexual orientation may change over the course of his/her lifetime.
  - Youth should understand that sexual orientation is only one aspect of who a person is.
  - Youth should also understand that gay and lesbian romantic relationships are just as fulfilling as heterosexual relationships, and that LGBTQ people form families and have children.
- Youth should understand that LGBTQ and heterosexual people come from all countries, cultures, races, ethnicities, socio-economic backgrounds, and religions.
- Youth should understand that scientific theories have concluded that sexual orientation cannot be changed by therapy or medicine.
- Youth should be able to identify discrimination against, rejection, and harassment of LGBTQ youth by peers, family, schools, and others and the effects that such behavior can have on LGBTQ youth.
  - Such effects include making LGBTQ youth afraid to identify as LGBTQ and increasing the risk of depression, dropping out of school, homelessness, and substance abuse among LGBTQ youth.

- Youth should understand that people of all sexual orientations deserve respect and have the right to express their sexual orientation and identity. Youth should be able to discuss strategies for reporting harassment of themselves or others based on sexual orientation.
- Youth should be able to identify and discuss the concepts of heterosexism, internalized homophobia, and how such phobias can contribute to LGBTQ adolescent isolation.
- Youth should understand the concept of coming out and why coming out can be important to an individual.
- Youth should be able to identify the additional challenges and threats LGBTQ youth of color may face due to both racism and homophobia.
- Youth should understand how intolerance and discrimination against LGBTQ youth can lead to increased mental health difficulties, such as depression, risk of suicide, and increased substance abuse among LGBTQ youth.
- Youth should understand that the majority of LGBTQ youth lead normal, productive lives and develop resilient adaptations to social biases and mistreatment.

#### **F. Gender Roles and Gender Identity**

- Youth must be able to define gender roles, gender identification, and gender stereotypes.
  - Youth should understand that gender identification may include male, female, or other (e.g. intersex, cross-gender, etc.) identification.
  - Gender expression may not necessarily match gender identity.
  - Youth should also understand that the way a person expresses his or her gender does not necessarily have anything to do with whether that person is heterosexual, gay, lesbian, or bisexual.
- Youth should understand and be able to recognize and describe the following definitions and concepts:
  - Transgender: “Transgender” describes people whose internal sense of gender (gender identity) doesn’t match what society expects of them based on their biological sex. Transgender is also used as a general term to describe many different identities that exist such as “transsexual,” “drag king,” “drag queen,” “crossdresser,” “genderqueer,” “shapeshifter,” bigendered,” and “androgynous.” Transgender people are often described as: Male-to-female (M-to-F), or Female-to-male (F-to-M), or by the gender they currently identify with (“male identified” or “female identified”).
  - Transsexuals: described people who have had, are in process of, or are planning sex-reassignment surgery. They may also use hormonal means to change parts of the body to match their own understanding of gender without having a complete genital sex-reassignment surgery.
  - Androgynes: describes androgynous presentation. Androgynous behavior combines both genders or is gender-neutral.
- Youth should be able to understand the concept of gender identity as something that may change over the course of an individual’s lifetime, and that transgender people report experiencing conflict over gender assignment throughout childhood and adolescence.
- Youth should understand that gender identity is just one part of who a person is and discuss the need to respect people of all gender identities.
  - Youth should be able to identify gender discrimination, harassment, and violence, discuss the harms of discriminating against someone because of their gender identity, the impact that it has on individuals, and the need to report discrimination to a trusted adult, school official, or law enforcement authority.

- Youth should be aware that there is some federal, state, and local legal protection from discrimination based on gender identity, and youth should be aware of the laws in the city and state in which they reside.

### **G. Sexual Violence, Abuse, and Harassment**

- Youth should be able to define the following concepts, recognize them in the various forms and circumstances in which they occur, discuss their consequences:
  - Sexual abuse
  - Sexual harassment/harassment based on perceived sexual orientation or gender identity
  - Sexual assault
  - Domestic violence
  - Sexual coercion
  - Rape
- Youth should understand how a person who has been the victim of any of the acts listed above can report such acts to the appropriate authorities and can benefit from support and counseling.
  - Youth should know that all acts of sexual abuse, violence, and harassment, including verbal harassment and abuse, are against the law, and that they have legal recourse.
  - Youth should know that sexual abuse is never appropriate or acceptable in any setting (including foster care homes, detention facilities, school, etc.).
  - Youth should also know that there are many different people that they can report such abuse to (*i.e.*: doctors, police, teachers, school counselors, etc.).
  - Youth should know both the moral and legal reasons why they should never be perpetrators of sexual violence, abuse, or harassment. They should know that they are still legally responsible for their behavior even if such behavior occurs while in state detention facilities.
  - Youth should know how to report abuse while in a detention facility, including abuse perpetrated by other youth.
  - Youth should be assured that they will be protected from violence, abuse or retaliation in the event that they report sexual abuse by a staff member or other youth, regardless of whether they are themselves the targets of such abuse. Youth should be informed of how those who report abuse will be protected from subsequent harm related to such reports.
- Youth should be able to identify what steps to take if they have been the victims of sexual assault, the benefits of seeking medical and mental health care if they have been the victim of sexual assault, and how they can seek this type of care after a sexual assault.

### **H. Facility and Community Resources**

- Instructors should provide youth with community resources and contact information for additional information on all issues discussed.
  - This should also include resources for further inquiry into topics regarding sexuality, sexual health, violence, relationships, discrimination, and LGBTQ issues and questions.



#### IV. For Youth in Custody 1-2 Months

Youth must be provided with all resources discussed in Sections I, II, and III.

Youth should be provided education and training sufficient to achieve proficiency in the following additional minimum content areas:

##### A. Specific Sexually Transmitted Infections:

- Youth receive education and information with regard to the following STIs:
  - Chlamydia
  - Gonorrhea
  - Syphilis
  - Human Papillomavirus (HPV)
  - Genital Herpes
  - Hepatitis B
- This information and education must be sufficient to provide youth with an understanding of the following information and concepts for each STI:
  - Prevalence among demographics relevant to the specific youth (*e.g.*, youth, youth in the state or region)
  - Whether it is caused by bacteria or virus
  - Symptoms and whether the STI can be asymptomatic
  - Complications that can result from infection
  - How STIs can be transmitted and transmission myths
  - How transmission can be prevented through abstinence; use of condoms, dental dams, or latex barriers during specific sexual practices; use of clean needles; and through any other applicable methods
  - How youth should be offered testing for STIs, the importance of testing, and information should be provided summarizing state laws that allow youth to be tested without parental consent or notification of results
  - The cures, treatment, or vaccines available for STIs and the importance of treatment to avoid future complications

##### B. Risk Continuum for Pregnancy, Sexually Transmitted Infections, and HIV

- Youth should be able to identify the risk of HIV transmission, HPV, herpes, and other STIs in the sexual practices listed below. Instructors should emphasize the distinctions between the categories and discuss what each category means in terms of statistical risk. If “typical use” or “actual use” statistics are used with regard to condom use, “perfect use” statistics should also be mentioned.
- Even in cases where someone is exposed to HIV through sex or a needle, a 28-day course of anti-retroviral drugs, known as post-exposure prophylaxis (n-PEP) appears effective in preventing infection.
- In using the Risk Continuum, instructors should be sure to emphasize youth’s opportunities to protect themselves rather than use fear-based tactics. Terms such as “insertive” and “receptive” should be explained to youth.

Risk Continuum:

- Little or No Risk:
  - Abstinence; hugging, massage; masturbation; fantasy; phone sex; dry kissing; cyber sex; unshared sex toys; and having sex with a monogamous and uninfected partner
  - Sexual stimulation of another using one's hands; giving a man oral sex without putting the head of his penis in one's mouth; giving or receiving oral sex with a condom, dental dam, or plastic wrap; receiving oral sex without a barrier; sharing sex toys with cleaning or use of a new condom; and tongue kissing
  - Insertive or receptive vaginal sex with a condom and insertive anal sex with a condom
- Possible Risk:
  - Receptive anal sex with a condom
  - Receptive anal or vaginal sex with someone who is HIV positive but is on effective medication and has an undetectable viral load.
- Known Risk:
  - When discussing risk, instructors should make it clear that individual risk is affected by many factors, e.g., whether one or both partners has had an STI, whether a person with HIV is on effective treatment and has no detectable viral load, and so on.
    - Giving oral sex without a condom, dental dam, or plastic wrap (noting that it is safer if there is no ejaculation in the mouth and there is no known risk for women who have sex with women)
    - Sharing sex toys without cleaning or use of new condom
    - Insertive anal sex without a condom and insertive vaginal sex without a condom
    - Receptive anal sex without a condom and receptive vaginal sex without a condom

**C. Contraception**

- Youth should understand what contraception is, that it can help prevent pregnancy, and that some, but not all, also reduce the risk of certain STIs.
- Youth should be able to weigh the risks and advantages of contraception methods and understand that a responsible and knowledgeable adult (such as a physician) can help them select a method of contraception.
- Youth should be familiar with how contraception can be integrated into a relationship.
  - They should be able to discuss the differing views on contraception depending on religion, cultural values, and personal values.
- Youth should be able to identify the following contraception methods and know that they are available “over the counter,” without a visit to a health care provider:
  - Male condoms
  - Female condoms
  - Spermicides in their different forms
- Youth should be able to identify their effectiveness for pregnancy prevention, STI and HIV prevention, and other advantages and disadvantages.
- Youth should understand how birth control pills and other commonly used forms of hormonal contraception work and that they are available by prescription from a health care provider.
  - They should understand that most cities have sexual health clinics, such as Planned Parenthood, where young people can get counseling, sexual health exams, and prescriptions for birth control at reduced prices.

- They should be able to identify their effectiveness or ineffectiveness for pregnancy prevention, STI and HIV prevention, and other advantages and disadvantages.
- Youth must be provided with information on health care providers they can visit within the facility and outside the facility to obtain contraception.
- Youth should understand how emergency contraception (EC) works and that a visit to a health care provider is required to obtain such contraception until they are 17 years old.
  - They should be able to identify EC's effectiveness for pregnancy prevention, STI and HIV prevention, and other advantages and disadvantages. Youth must be provided with information on health care providers they can visit within the facility and outside the facility to obtain EC. Youth should understand the distinction between EC and the abortion pill, and that EC will not end a pregnancy.
- Youth should understand the concept of delaying sex (i.e. sexual abstinence) and how it can prevent unwanted pregnancy, STIs, and HIV.
  - They should understand and be able to discuss the benefits and challenges of abstinence, how people can give and receive sexual pleasure without intercourse, and how to have a romantic relationship and express feelings without intercourse.
  - Youth should understand the concept of sexual limits and the importance of discussing such sexual limits with their partners.

## V. For Youth in Custody Over 2 Months

Youth must be provided with all training and resources discussed in Sections I, II, III, and IV.

Youth should be provided education and training sufficient to achieve proficiency in the following additional minimum content areas:

### A. Anatomy and Development:

- Youth should be able to identify and understand the functions of the following anatomy: the nipples, urethra, urethral opening; buttocks, anus, penis, testicles, scrotum, sperm, seminal fluid, uterus, cervix, ovaries, fallopian tubes, and ovum.
- Youth should understand how the reproductive systems work, including the process of male sperm production, erection, and ejaculation, and the female process of ovulation and menstruation.
- Youth should understand that sex is not binary, that not all bodies follow this pattern, and that all bodies are deserving of respect.
  - Youth should understand what it means to be an intersex individual.<sup>2</sup>

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<sup>2</sup> “‘Intersex’ is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male. For example, a person might be born with external female genitalia but the internal anatomy of the person has male genitalia. Or a person may be born with genitals that seem to be in-between the usual male and female types—for example, a girl may be born lacking a vaginal opening, or a boy may be born a scrotum that is divided so that it has formed more like labia. Or a person may be born with mosaic genetics, so that some of her cells have XX chromosomes and some of them have XY.” Intersex Society of America, *What is Intersex?* (2010), available at [http://www.isna.org/faq/what\\_is\\_intersex](http://www.isna.org/faq/what_is_intersex) (last visited September 29, 2011).

## **B. Sexuality and Healthy Relationships**

- Youth should be able to understand the concept of sexuality as the expression of human sexual feeling, and a natural, healthy part of being human.
  - Youth should be able to discuss the concept of sexuality as including how a person feels about his or her body, whether a person feels masculine or feminine or somewhere in between, the way a person dresses, the way a person moves, how a person speaks, the way a person acts and feels about other people, and who the person is attracted to and falls in love with. This list is meant to be inclusive, not exclusive. Youth should be able to address other aspects of sexuality that are not listed above.
  - Youth should understand that sexuality is multifaceted and has biological, social, psychological, spiritual, ethical, and cultural dimensions.
  - Youth should understand that most people, regardless of biological sex, gender, age, ability, and culture are sexual beings, though sexual expression is not necessarily a significant part of some people's lives.
  - Youth should be able to identify how sexuality can be more rewarding and positive when expressed in a non-exploitive way.
  - Youth should understand that sexuality is experienced in a variety of ways at different stages and points in people's lives. And that everyone has their own way of expressing their sexuality to others and every person has their own way of feeling or experiencing it for themselves.
- Sexuality, Society, and Culture:
  - Sexuality and Society: Youth should be able to discuss the messages society gives them about how they are supposed to act, date, and sexually behave; how these messages can often conflict with messages from their family and community; how these messages may differ depending on their gender and age; and how these messages contribute to peer pressure. Youth should understand the diversity of views on sexuality and the importance of making independent decisions. Youth should practice the ability to critically evaluate messages from different sources and establish guidelines for their own behavior.
  - Sexuality and the Media: Youth should be able to discuss and describe the profound effect media has on sexual information, values, and behavior; ways in which the media's portrayal of sexuality is realistic and unrealistic; and the messages they have received from television, movies, music videos, and on the internet and whether these messages are accurate. Youth should be able to identify stereotypes reflected in the media and how these stereotypes can negatively affect them and their opinion about certain groups of people, including LGBTQ individuals, and gender roles.
  - Sexuality and Religion: Youth should be able to discuss and describe how various religions' views about sexuality affect people's sexual attitudes, behaviors, and sexual decision-making and the conflict that can occur between peoples' values and religious beliefs in the context of sexuality. Youth should understand how gender roles and beliefs about sexual orientation have historically been affected by religion and how, although LGBTQ people have historically been excluded from many religious congregations, a growing number of congregations now openly welcome members of the LGBTQ community. Youth should be encouraged to discuss ways that religion has affected their feelings about sexuality or the feelings of someone they know.
  - Sexuality and the Law: Youth should be familiar with the U.S. laws governing sexual and reproductive rights. This particularly pertains to the following:

- The Supreme Court has ruled that, to a certain extent, people have the right to make personal decisions concerning sexuality and reproductive health matters, such as abortion, contraception, sterilization, and engaging in same-sex sexual relationships.
- State laws govern the age of consent for sexual behaviors.
- Some states and cities have passed laws banning discrimination on the basis of sexual orientation. Youth should be familiar with relevant laws in their city or state.
- The Supreme Court recently ruled that state laws restricting certain types of sexual behavior between consenting adults are unconstitutional. Consenting adults, regardless of gender or sexual identity, cannot be prosecuted for engaging in a sexual relationship.
- Courts across the United States are currently debating legal issues concerning same-sex marriage.
- Public nuisance behavior, such as exhibitionism and voyeurism, are illegal in most states.
- Prostitution is illegal in all states except for Nevada.
- Child pornography – a visual depiction of a minor engaging in sexually explicit conduct – is illegal in all states.
- Some federal and state laws protect individuals from harassment in jobs, schools, and state institutions if the harassment is based on the individual’s sex, their identified or perceived sexual orientation, or gender identity.

### **C. Pregnancy and Pregnancy Options**

- Youth should be familiar with their legal and civil rights regarding pregnancy as a minor.
  - They should be familiar with the state and federal laws that allow them to receive confidential medical care and, to the extent true in their jurisdiction, make decisions regarding the continuation or termination of their pregnancy.
- Males should be aware of their rights, and their legal responsibilities relating to pregnancy.
- All youth should be made aware of specific services available to them, and, depending on the laws and regulations in their jurisdiction, the right to obtain care without the consent of their parents or foster parents.
  - Prenatal Care: Youth should be familiar with what prenatal care entails and why it is important.
    - Specifically, youth should be familiar with the benefits of exercise, healthful foods, visits to a healthcare provider and testing and treatment for STIs and HIV, and the potential harms of alcohol, tobacco, drugs, and STIs and HIV. Women who are pregnant or considering becoming pregnant should take care of their reproductive health and seek prenatal care.
  - Pregnancy Options: Youth should be able to identify all options available to a woman who has an unwanted pregnancy. These options include parenting, adoption, foster care, and abortion.
    - Youth should be familiar with how adoption works according to state law. They should be provided the names and contact information of adoption resources.
    - Abortion:
      - Youth should understand what an abortion is, that it is performed by a healthcare provider, and that it is generally very safe and rarely interferes with a woman’s ability to become pregnant or give birth in the future. Youth should be able to identify facts and myths about abortion safety.
      - Youth should be able to distinguish between surgical and medical abortion and to distinguish abortion from emergency contraception.

- Youth should be familiar with constitutional and state law protections of a woman’s right to have an abortion and a minor’s right to have an abortion.
  - If state law requires parental notification or consent with a bypass mechanism, youth should be familiar with these requirements and the bypass mechanism. Youth should be familiar with their own state’s abortion limitations based on the length of the pregnancy, as well as exceptions to these restrictions. Youth should also be familiar with laws protecting their confidentiality in obtaining an abortion.
- Youth should be familiar with possible state legal protections preventing others—including parents and partners—from forcing a woman or minor to have an abortion against her will.
- Youth should be familiar their rights regarding abortion access and payment while in custody. This is a complex set of legal rights that vary greatly according to state law, and youth should be made familiar with the laws in their state.

#### **D. Contraception**

- Youth should be able to identify the contraception methods listed below. They should know that the contraception methods are available by prescription from a health care provider. Youth should also be able to identify their effectiveness for pregnancy prevention, STI and HIV prevention, and other advantages and disadvantages. If phrases such as “perfect use” and “typical use” are used in discussion, they should be explained to the youth so that they are not potentially misleading.
  - Condoms
  - Birth Control Pills
  - Birth Control Injections
  - Birth Control Patch
  - Birth Control Ring
  - Intrauterine Contraceptives (IUC)
  - Implants (Implanon)
  - Emergency Contraception
    - This form of contraception can be used up to 120 hours (5 days) after unprotected sex. It is more commonly referred to as the Morning After Pill or Plan B.

#### **E. Reproductive Coercion**

- Youth should be engaged in a thorough discussion of reproductive coercion.
  - They should understand that no person may force another person to become pregnant or stay pregnant against their own will.
  - Youth should understand that any pressure to become pregnant, whether through verbal threats, physical aggression, or birth-control sabotage, is a violation of their rights.

#### **F. Communication Skills**

- Youth should be able to explain and apply the components of effective communication and to explain the importance of effective communication and being an advocate for their own needs.
- Youth should be able to identify different communication styles, and to distinguish effective and ineffective communication tactics.
- Youth should understand how to apply effective communication skills in various circumstances including sexual relationships, friendships, and with health care providers.

### **G. Drug Use/ Harm Reduction Skills**

- Youth should be able to identify that drugs and alcohol can significantly influence one's behavior and decision-making skills. The effects of drugs and alcohol can lead to unintended, negative consequences.
- Youth should be able to identify factors that cause individuals to use drugs and alcohol.
- Youth should be able to identify and apply ways to make responsible decisions about drug and alcohol use.
- Youth should be able to discuss ways to reduce their risk behaviors if they are using drugs and alcohol. Particular discussion should surround the use of intravenous drugs, and the need to use clean needles. Youth should be provided with information about where to acquire clean needles.
- Youth should also be able to identify facility or community resources if they chose to stop using drugs or alcohol and they would like help getting clean.

### **H. Paternity, Child Support, and Coping as a Young Parent**

- Paternity, Public Assistance, and Child Support:
  - Youth should be able to identify what paternity is, how it can be established, and the benefits and rights a father, mother, and child may gain when paternity is established.
  - Youth should be able to identify the legal responsibilities of parents and the resources available to young parents to learn the skills needed to support their children.
  - Youth should be able to describe the impact that establishing paternity can have in terms of public assistance, such as welfare, and for child support and visitation. Youth should be able to distinguish the differences between child support and visitation rights.
- Coping as a Young Parent:
  - Youth should be able to describe the importance of parents having a positive relationship both with their child and the person caring for their child, and best practices for achieving this.
  - For parents who are youth in detention, they should be able to identify the importance of telling children where they are when they are in state custody. Subsequently, they should have information on how to deal with children's reactions to their detention. In preparation for release, they must have information regarding how to prepare to be reunited with their children and their responsibilities for their children.
  - Youth should be able to identify positive and negative parenting behaviors, including the importance of being respectful to the other person caring for their child, listening to their child, creating a written parenting plan, not criticizing the other parent or caretaker to the child, and not fighting with the other parent or caretaker in front of the child.
  - Youth should be able to discuss anger management strategies, and the difficulties and rewards of breaking the potential cycle of violence within their families. They should be given clear resources for parenting help and strategies within their community.

## **PART TWO: INSTRUCTIONAL CHARACTERISTICS**

Part One outlined the minimum goals that the curriculum's content should be tailored to achieve. Part Two provides guidance on how to select and implement a curriculum that ensures this content is presented effectively. Part Two also identifies goals that should be achieved in the curriculum and should be addressed by the instructors. Effective teaching requires not only the right curriculum content, but also a safe, inclusive environment. The teaching methods used should also help youth understand and apply new information as well as change attitudes and behavior. This section outlines elements that will help prepare and execute an effective curriculum.

### **I. Curriculum Characteristics**

The curriculum should:

- Convey the information set forth in Part One in a comprehensive and scientifically accurate manner.
- The curriculum should focus on the following goals: preventing STIs, HIV, and unwanted pregnancy; decreasing sexual abuse while increasing the reporting and detection of such abuse; promoting an accurate understanding of the nature and importance of sexual orientation and gender identity; and providing a supportive, healthy, and inclusive environment for LGBTQ youth.
- Focus clearly on the goals:
  - The majority of lessons, activities, and facts should support achieving the goals.
  - The curriculum should clearly and accurately inform young people about STIs, HIV, becoming pregnant (or impregnating another), sexual abuse, and issues surrounding sexuality and sexual orientation.
  - The curriculum should clearly and accurately inform young people about the health, psychological, and long-term consequences of STIs, HIV, unintended pregnancy, sexual abuse, and discrimination based on one's sexual orientation or gender identity.
  - The curriculum should include activities that motivate young people to protect themselves from STIs, HIV, and unintended pregnancy. It should also include information about identifying and reporting sexual abuse.
- Focus on specific behaviors to achieve goals:
  - Examples of specific behaviors that lead directly to achieving goals include, but are not limited to: abstinence, condom use, dental dams, STI testing and treatment, HIV testing and treatment, access to contraception, understanding one's anatomy and being able to identify healthy versus unsafe and physically harmful relationships, and building and demonstrating respect for persons of all sexual orientations.
- The curriculum must address, in tangible ways, the actual experiences of the youth in state care. The curriculum must recognize that the risk-taking done on a daily basis by these youth, while often alarming, can make sense in the context of their real and perceived choices. The youth need practical resources on how to manage existing conditions and the repercussions of sexual assault, homelessness, sex work, drug use and pregnancy.
- Instructors must address violence and harassment perpetrated by youth and adults against LGBTQ youth.



- Educators should – in a non-accusatory manner – discuss why a range of behaviors, from teasing to outright assault, is detrimental. Instructors should also discourage youth from taking a “sidelines” attitude when witnessing harassment and violence.
- Programs must not ignore issues of sexism, racism, and homophobia as they relate to sexual violence.
  - Effective sexual assault prevention programs must address broader issues of societal contempt for women, people of color, and LGBTQ people.
  - Sexual assault of men should also be addressed, and it should not be assumed that men could never experience assault themselves.
  - Young people should also be educated as bystanders in recognizing sexual assault and intervening in a safe manner.
- Instructors must have trauma training, and should be hyper aware of the effect of their lessons on the participating youth. The curriculum and instructors should assume that most, if not all, of the risk behaviors and risk traits exist within their classroom or instructional setting. HIV and STI infection, a history of sexual assault, LGBTQ persons, and pregnancy are all likely to be present in the group of youth.
  - Every effort should be made to make lessons informative and non-judgmental, and no youth should ever be singled out to share his/her personal experience unless that information is readily volunteered by the youth.

## **II. Learning Environment Characteristics**

### **A. Environment**

- The curriculum should create a safe social environment for youth to participate. If the social environment does not feel safe to participants, they are much less likely to actively engage, express their views, ask questions, or internalize the important messages of the curriculum. The following steps should be taken to ensure a safe social environment:
  - The institution should have policies providing for confidentiality during sexuality education instruction. These confidentiality policies would apply to any and all staff present as well as youth.
  - Staff should be well-versed in confidentiality policies and should face penalties for violation of confidentiality. The rules of confidentiality among youth and staff, as well as a clear explanation of what information must be legally reported, should be explained to all youth and staff at the beginning of instruction and when any new youth or staff member is present.
  - Spend sufficient time at the beginning for introductions, icebreakers if necessary, and establishing group ground rules (e.g. one person talks at a time, no put-downs, what is said in the room stays in the room, etc.).
  - Provide adequate opportunities for all youth to participate.
  - Encourage facilitators to praise youth and provide positive reinforcement where appropriate.

### **B. Instructional Methods**

- Employ instructionally-sound teaching methods that actively involve the participants and help participants personalize the information.
  - Examples: Short lectures, class discussion, small group work, brainstorming sessions, role plays, videos, stories, live skits, simulations of risks and practicing strategies to avoid risk,

competitive games, forced-choice activities, surveys of attitudes and intentions, problem solving activities, and condom demonstrations.

- Employ activities, instructional methods, and behavioral messages that are appropriate to the youth's culture, developmental age, and sexual experience.
- Cover topics in a logical sequence.

### **C. Principles to Which Instruction and Instructors Should Adhere:<sup>3</sup>**

- Young people need and deserve respect.
  - This includes an appreciation for the difficulty and confusion of adolescence and of the many factors that have contributed to the problems that youth – particularly youth in state custody – face.
  - Youth are deserving of respect and should be treated in a respectful manner and tone.
- Youth need to be accepted.
  - Instructors must listen to and hear what young people have to say, even if the instructor disagrees with what is being said.
  - In general, it is more effective to explore the possible pitfalls of youth attitudes than for an instructor to tell them what youth ought to believe and do.
- Youth learn as much, if not more, from each other as from adults.
  - Often, if instructors let youth talk, allow them to respond to each other's questions and comments and ask for their advice, youth feel empowered and take responsibility for their own learning.
  - It is much more powerful for a peer to challenge another youth's attitude than for an adult to do so.
- Open, honest, scientifically correct information and communication about sexuality is essential.
  - For most of their lives these youth have gotten the message that sex is hidden, mysterious, and something that should not be discussed in a serious and honest manner. Limiting what youth can talk about and using vague language perpetuates this secrecy and mystery.
- A positive approach to sexuality education is the best approach.
  - Both the risks and pleasures of sex should be acknowledged in a balanced way. Sex should be associated both with things grave and serious and with things open, playful, and humorous.
  - Offer a model of what it is to be sexually healthy rather than focusing on what is sexually unhealthy.
- Young people have a fundamental right to sexuality education.
  - Young people have a right to know about their own bodies, how they function, and about the sexual changes that are occurring to them now and will continue throughout their lifetimes. They have a right to have their questions answered.
- Youth who have explored their own values and attitudes and have accurate information are in the best position to make healthy decisions about their sexual lives.
- All sexual orientations and gender identities must be acknowledged.
  - Some youth are, or think they may be lesbian, gay, bisexual, or transgender. It is important to create an environment that recognizes the needs of these often isolated and invisible youth.
  - Teaching frankly about sexual orientation and gender identities benefits all youth because it allays fears about same-sex feelings or gender identity that many of them experience.

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<sup>3</sup> Planned Parenthood of Greater N. N.J., *Principles of Sexuality Education* (2001) (adapted from Steve Brown & Bill Taverner, *Streetwise to Sex-Wise: Sexuality Education for High Risk Youth*) (on file with CHLP; available for cost at <http://www.plannedparenthood.org/greater-northern-nj/book-details-30042.htm> (last visited September 30, 2011)).

## **PART THREE: INSTRUCTOR CHARACTERISTICS**

Set forth below are the minimum requirements that sexual health education instructors providing instruction for youth in custody should possess. Instructors are encouraged to exceed these minimum requirements, and to receive continuing education beyond what is set forth below to ensure that their knowledge is up-to-date and relevant.

### **I. Knowledge of Content**

Instructors must have completed relevant undergraduate, graduate, or professional development coursework that has provided them significant training in the following topics:

- Adolescent development
- Basic sexuality education
- Anatomy and reproduction, including:
  - General sexual health
  - STIs and HIV, including testing, transmission, symptoms, treatment, and all prevention methods.
  - Pregnancy and contraception
  - Puberty
  - Sexual response
  - LGBTQ health issues
- Gender identity
- Sexual assault, including training on recognizing the facts and risks of sexual assault; staff predation; and the provision of aid to those who have been sexually assaulted recently or in the past.

### **II. Attitudes and Values**

Instructors must have completed relevant undergraduate, graduate, or professional development coursework and significant training in the following:

- Homophobia reduction, including
  - Inclusive language
  - Challenges facing LGBTQ youth, including the difficulties in coming out
  - Gender stereotyping reduction
- Group facilitation and activity-based learning

Instructors must have completed a Sexual Attitude Reassessment seminar.

Instructors should demonstrate personal qualities of effective teachers, including, but not limited to:

- Willingness and enthusiasm for teaching this subject area.
- Belief that sexual adjustment is an important aspect of total personality adjustment.
- Comfort with one's own sexuality, sexuality in general, and topics to be covered.
- Clarity on one's own personal code of ethics and values.
- Open-minded and non-judgmental attitude with respect to values, attitudes, beliefs, and behaviors that may differ from the instructor's own.
- Respect for different cultural and religious values and beliefs.

- Ability to relate effectively to youth, with honesty, warmth, and sensitivity.
- Willingness to learn and enthusiasm, rather than hostility, to new information and teaching methodologies.

### **III. Methods**

Instructors must demonstrate familiarity with, and the ability to design and implement lesson plans that achieve the content goals in, Part One and use the methods described in Part Two. This includes having skills regarding:

- Using appropriate communication and teaching techniques, such as role playing, brainstorming, large and small group processing, and cooperative learning.
- Creating an effective, functional learning environment that develops and enhances youth's motivation to learn